

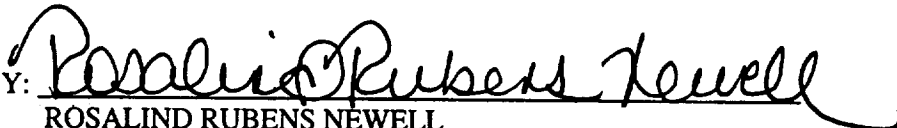
Entered -08/09/99 - sb
CL 99L0471 - GWENDOLYN BURNS

CLAIM OF: MARTHA J. BEESLEY
2512 Birchwood Drive
Atlanta, Georgia 30305

01- R-0396

For property damage alleged to have been sustained due to a flood
which occurred as a result of the creek overflowing on July 6, 1999 at
2512 Birchwood Drive.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

C-42

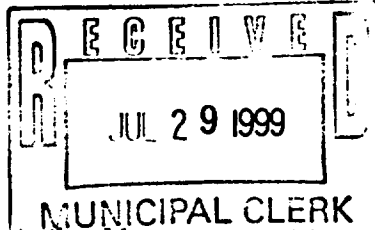
COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7-26-99

BURNS
08/04/99
Dr

Dear Municipal Clerk:



ENTERED - 07-29-99 05:32 RCVD
99L0471 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2700.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 7 / 6 / 99 2. Time of Incident: 5 pm 3. Police called: X
(month/day/year) Yes No
4. Location of incident (including street address): 2512 Birchwood Drive Atlanta, GA 30305
5. Name of your insurance company: State Farm Policy No. 11E821285
6. State what and how incident occurred: Due to a blocked culvert, the creek behind my house flooded, causing the lower level of my house to flood. Carpet, pad and sheetrock walls were destroyed. (See Attached)

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Martha J. Beasley
Signature of Claimant

Martha J. Beasley
(Print Claimant's Name)

2512 Birchwood Dr.
(Address)

Atlanta, GA 30305
(City, State and Zip Code)

404-881-2012 404-233-0003
(Work Number) (Home Number)